



The logo features a central white circle with a black silhouette of a person. Surrounding this central circle are six smaller circles, each containing a different icon: a white cross on an orange background, a white heart on a dark red background, a white water drop on an orange background, a white clipboard on a dark red background, a white pill on an orange background, and a white brain with a gear on a dark red background. These circles are connected by a white line that forms a larger circle around the central figure.

SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Implementing Substance Use
Services in Integrated Care
Environments**

  integration.samhsa.gov

Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Pop Quiz

How much money is spent on healthcare each year in the U.S.?

- A. \$800 Billion
- B. \$1 Trillion
- C. \$3 Trillion
- D. \$5 Trillion



integration.samhsa.gov

Answer B: \$3 Trillion

National healthcare expenditures rose 5.3 percent in 2014 to \$3 trillion, or \$9,523 per person, accounting for 17.5 percent of gross domestic product, according to the latest data from CMS.

That means that nearly 18 cents of every domestic dollar is spent on healthcare.



integration.samhsa.gov

The Cost of Substance Use is Staggering

Substance misuse and substance use disorders also have serious economic consequences, costing more than **\$400 billion** annually in crime, health, and lost productivity

Alcohol misuse and alcohol use disorders alone costs the United States approximately **\$249 billion** in lost productivity, health care expenses, law enforcement, and other criminal justice costs.



integration.samhsa.gov

Current Substance Use Disorder Trends



integration.samhsa.gov

The Opioid Epidemic

- In 2015, 276,000 adolescents were current nonmedical users of pain reliever, with 122,000 having an addiction to prescription pain relievers.
- In 2015, an estimated 21,000 adolescents had used heroin in the past year, and an estimated 5,000 were current heroin users.
- An estimated 6,000 adolescents had a heroin use disorder in 2014.
- People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use.
- Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative. (average age of first use of prescription opioids is between and 17 years old)

<https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

integration.samhsa.gov

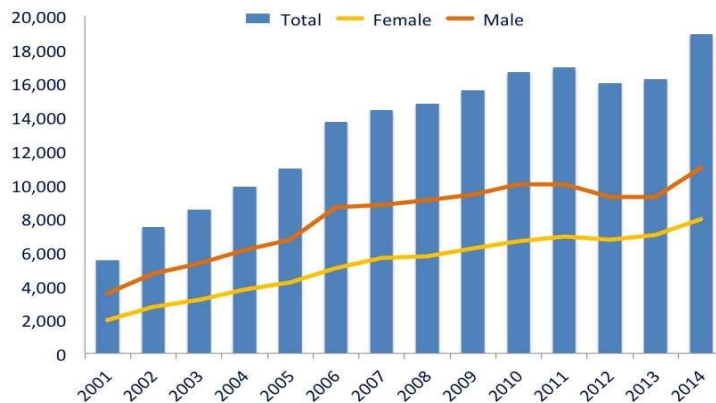
Opioid Deaths are on the Rise

Costing Lives and Dollars



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



Overdose Now Leading Cause of Accidental Death

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 979	Unintentional Drowning 293	Unintentional MV Traffic 342	Unintentional MV Traffic 414	Unintentional MV Traffic 6,510	Unintentional Poisoning 6,251	Unintentional Poisoning 8,374	Unintentional Poisoning 10,651	Unintentional Poisoning 6,388	Unintentional Fall 25,464	Unintentional Poisoning 38,851
2	Homicide Unspecified 139	Unintentional MV Traffic 327	Unintentional Drowning 116	Suicide Firearm 231	Homicide Firearm 3,704	Unintentional MV Traffic 5,776	Unintentional MV Traffic 4,448	Unintentional MV Traffic 5,082	Unintentional MV Traffic 4,502	Unintentional MV Traffic 6,333	Unintentional MV Traffic 33,804
3	Homicide Other Spec., classifiable 74	Unintentional Suffocation 161	Unintentional Fire/Burn 67	Suicide Firearm 137	Unintentional Poisoning 3,293	Homicide Firearm 3,372	Suicide Firearm 2,948	Suicide Firearm 4,057	Suicide Firearm 3,809	Suicide Firearm 5,113	Unintentional Fall 30,208
4	Unintentional MV Traffic 66	Homicide Unspecified 153	Homicide Firearm 48	Homicide Firearm 94	Suicide Firearm 2,210	Suicide Firearm 2,897	Suicide Suffocation 1,868	Suicide Suffocation 2,007	Unintentional Fall 2,283	Unintentional Unspecified 4,316	Suicide Firearm 21,175
5	Undetermined Suffocation 43	Unintentional Fire/Burn 129	Unintentional Suffocation 44	Unintentional Drowning 93	Suicide Suffocation 1,839	Suicide Suffocation 2,154	Suicide Firearm 1,843	Suicide Poisoning 1,867	Suicide Poisoning 1,528	Unintentional Suffocation 3,616	Homicide Firearm 11,208
6	Undetermined Unspecified 28	Unintentional Pedestrian, Other 90	Unintentional Other Land Transport 29	Unintentional Other Land Transport 49	Unintentional Drowning 501	Suicide Poisoning 716	Suicide Poisoning 1,193	Unintentional Fall 1,366	Suicide Suffocation 1,182	Unintentional Poisoning 1,824	Suicide Suffocation 10,062
7	Unintentional Drowning 23	Homicide Other Spec., classifiable 71	Unintentional Natural/Environment 22	Unintentional Fire/Burn 48	Suicide Poisoning 418	Undetermined Poisoning 565	Undetermined Poisoning 633	Homicide Firearm 1,158	Unintentional Suffocation 723	Adverse Effects 1,755	Suicide Poisoning 6,637
8	Homicide Suffocation 22	Unintentional Natural/Environment 43	Unintentional Pedestrian, Other 13	Unintentional Suffocation 37	Homicide Cut/Pierce 331	Unintentional Drowning 424	Unintentional Fall 522	Undetermined Poisoning 801	Homicide Firearm 573	Unintentional Fire/Burn 1,103	Unintentional Suffocation 6,601
9	Unintentional Natural/Environment 19	Homicide Firearm 39	Homicide, Other Specified, NEC* 15	Unintentional Firearm 24	Undetermined Poisoning 219	Homicide Cut/Pierce 409	Unintentional Drowning 367	Unintentional Suffocation 478	Unintentional Fire/Burn 504	Suicide Poisoning 905	Unintentional Unspecified 5,407
10	Unintentional Fire/Burn 17	Unintentional Struck by or Against 33	Unintentional Poisoning 15	Unintentional Poisoning 21	Unintentional Fall 205	Unintentional Fall 305	Homicide Cut/Pierce 267	Unintentional Drowning 464	Undetermined Poisoning 547	Suicide Suffocation 770	Unintentional Drowning 3,391

* Not elsewhere classifiable

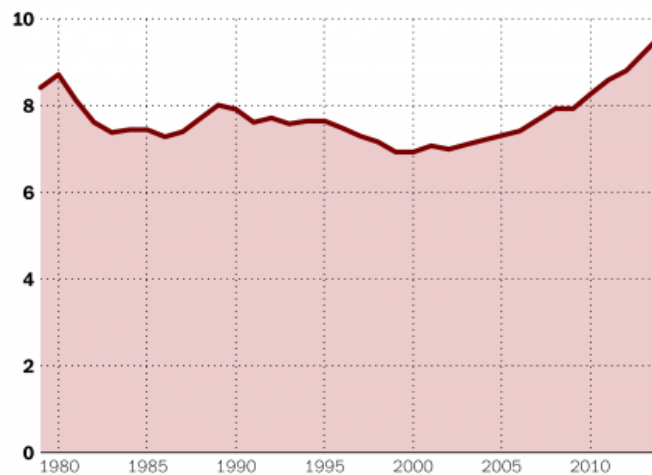
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Alcohol Related Deaths on the Rise

Alcohol deaths reach a 35-year high

Deaths from alcohol-induced causes (excluding homicides, drunken driving and other accidents indirectly related to alcohol), 1979-2014, per 100,000 people



WAPO.ST/WONKBLOG

Source: CDC



Increased Focus on the Use of Evidence-Based Practices



integration.samhsa.gov

Assessing the Evidence Base Series

Assessing the Evidence Base for Behavioral Health Services: Introduction to the Series

May 2014

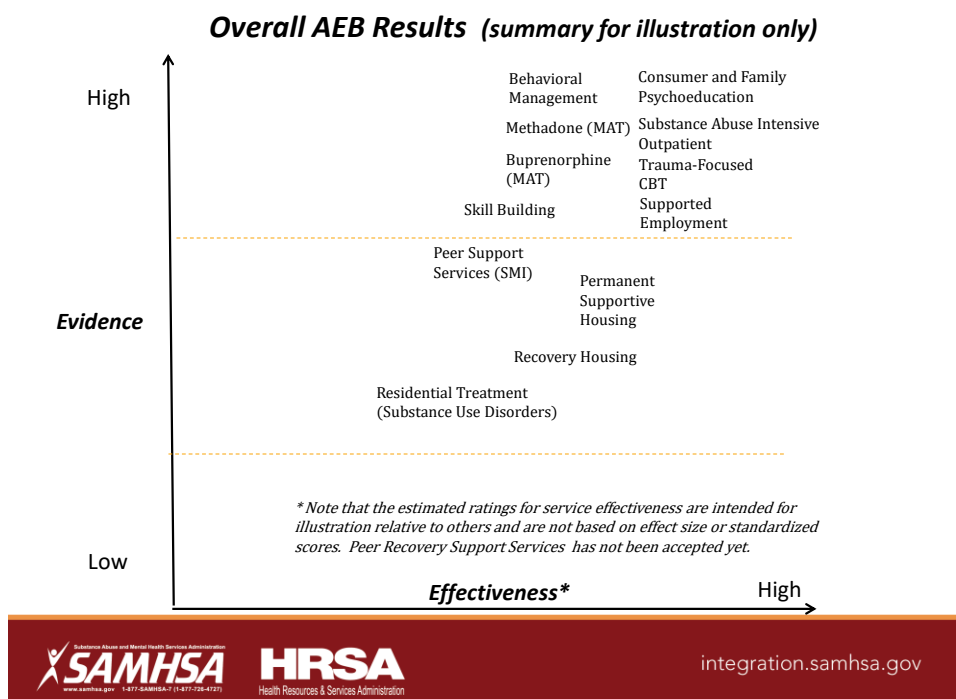
PSYCHIATRIC SERVICES

A Journal of the American Psychiatric Association

- ◆ Behavioral Management for Children and Adolescents: Assessing the Evidence Base
- ◆ Trauma-Focused CBT for Children and Adolescents: A Review of the Literature



integration.samhsa.gov



Advances in Medication



Medication Assisted Treatment

“We have highly effective medications, when combined with other behavioral supports, that are the standard of care for the treatment of opiate addiction.”

- Michael Botticelli, Former Director, ONDCP

integration.samhsa.gov

Medications for Addiction Treatment

Alcohol:

- Naltrexone – oral
- Naltrexone (Vivitrol) – long-acting, injectable
- Acamprosate
- Disulfiram (Antabuse)

Opioids:

- Methadone
- Buprenorphine
- (pill and implant)
- Naltrexone – oral
- Naltrexone (Vivitrol) – Long-acting, injectable

Smoking Cessation

- Varenicline (Chantix)
- Bupropion (Wellbutrin,)
- NRTs

Assessing the evidence

The primary finding is that there is clear evidence of a *high level of effectiveness* of both methadone and buprenorphine for treating opioid addiction. Medication assisted treatment for opioids results in:

- Abstinence from or reduced use of illicit opiates
- Reduction in other illicit drug use
- Decreased criminal activity
- Decreased risk behavior linked to HIV and hepatitis C

Fullerton, C., et al. (2014) Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services*, 65, 146-157. <http://ps.psychiatryonline.org/Article.aspx?ArticleID=1778879>

Thomas, C, et al. (2014). Medication-Assisted Treatment with Buprenorphine: Assessing the Evidence. *Psychiatric Services*, 65, 11-15. <http://ps.psychiatryonline.org/Article.aspx?ArticleID=1778881>



integration.samhsa.gov

Assessing the evidence

- ***Naltrexone** (Vivitrol) – Long-acting, injectable
- Shows efficacy for:
- Maintaining abstinence
- Improving retention
- Decreasing craving
- Preventing relapse
- ****Naloxone**
- Opioid overdose prevention

• *Gastfriend, D. R. (2011). Intramuscular extended-release naltrexone: current evidence. *Annals of the New York Academy of Sciences*, 1216: 144–166. doi:10.1111/j.1749-6632.2010.05900.x

• **European Monitoring Centre for Drugs and Drug Addiction (2015), Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone, EMCDDA Papers, Publications Office of the European Union, Luxembourg



integration.samhsa.gov

Medications Are...

- An evidence-based resource for assisting in the treatment of substance use disorders
- A resource to provide higher quality and cost effective care for clients with complex behavioral health needs
- A supplement to existing behavioral health treatments for substance use disorders

Yet, 54% of addiction treatment programs have no physician.

integration.samhsa.gov

Why Address Substance Use Disorders?



integration.samhsa.gov

Why Address Substance Use Disorders?

- Substance abuse is prevalent in primary care
- SU disorders add to overall healthcare costs, especially for Medicaid
- SU disorders can cause or exacerbate other chronic health conditions
- Evidenced based SU interventions can reduce healthcare utilization and cost
- Medication-assisted therapies (MAT) in primary care can seamlessly be expanded to treat SU
- On-site and in-home services are stronger than a referral to services

Kaiser Study: Patients in a treatment group for SU disorders had a 26% reduction in cost, from \$239 PMPM to \$208 PMPM, with reduced ER and hospitalizations post treatment

integration.samhsa.gov

Cross-Site Technical Assistance Activities

The goal of this cross-site TTA is to provide support and technical assistance to grantees interested in improving the quality of or adding effective SUD services.

Through participation in this cross-site TTA, participants will:

- Take meaningful steps to improve or expand their current substance use services
- Develop solutions to overcome current challenges in the successful implementation of substance use services
- Examine evidence-based resources for expanding substance use services

integration.samhsa.gov

Cross-Site TA Activities

To accomplish the goals of the cross-site TTA, CIHS will implement a highly focused and rapid continuous quality improvement approach to assist participants to make progress on a practical and meaningful goal in a short period. Activities will be structured around the FOCUS PDCA framework:

- **Find** a process or identify a problem that needs improvement.
- **Organize a team** that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.
- **Clarify** the current state of practice. Identify strengths and limitations (e.g., organizational self-assessment) related to the improvement area.
- **Understand** what is contributing to current performance that could be improved.
- **Select a Strategy/solution** that meets many of the criteria associated with practical success (in your control, accomplished relatively quickly, measurable, significant impact, alignment with mission, capacity, capability, not expensive, less likely to detract from other high organizational priorities)
- **Plan-Do-Check-Act**

integration.samhsa.gov

Potential Topics for Cross- Site TA

- **SBIRT**
<https://www.integration.samhsa.gov/clinical-practice/sbirt>
- **MAT**
http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf
- **Opioid Overdose Prevention**
<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/All-New-Products/SMA16-4742>
- **CDC Opioid prescribing guidelines**
https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf
- **Co-Occurring Disorders Treatment**
<https://www.samhsa.gov/disorders/co-occurring>
- **Integrated Primary Care and Substance Abuse**
http://www.integration.samhsa.gov/clinicalpractice/13_May_CIHS_Innovations.pdf
- **Recovery Support Services**
<https://www.samhsa.gov/brss-tacs/about>

integration.samhsa.gov

Desired Outcomes:

Participating grantees will have the option of selecting one of the following short-term outcomes:

- **Planning:** Establishment of an improvement team that has created a 3-6 month detailed plan to accomplish a meaningful goal.
- **Practice Change:** Selected, implemented, and evaluated one meaningful improvement strategy that demonstrates progress.
- **Information Dissemination:** Designed, presented and evaluated the impact of topic related information to specific members of the workforce, leadership and/or community entities.
- **Data Collection:** Selected, gathered, and organized data related to the topic area that provides critical information regarding the population served along with how that information informed improvement goals.
- **Policy and Procedure Change:** Newly established policies and procedures based on the knowledge gained from the specific cross-site TTA topic.

integration.samhsa.gov

Planning

Establishment of an improvement team that has created a 3-6 month detailed plan to accomplish a meaningful goal related to the topic.

Examples of planning activities:

- Organize the Performance Improvement Team
- State the overall goal in highly specific terms
- Identify performance indicators
 - Process and outcomes
- Establish short and longer term objectives
- Describe action steps
- Identify responsible individuals for action steps
- Implement action steps, observe outcome and modify as needed.

integration.samhsa.gov

Practice Change Focus:

- Selecting, implementing and evaluating one meaningful improvement strategy that demonstrates progress in the topic area.
- Identify a goal in which you can make significant progress on in the 4-6 weeks following the first webinar.
- Choose a very modest but meaningful practice change that the organization is ready to implement based on time, energy, personnel and infrastructure.
- Having a clear starting date with identified facilitators, materials and recruitment approaches satisfies this aim.

Examples:

- Announce, recruit and begin a group on substance abuse (group facilitators, select a curriculum and aim to get group started or at least have a specific date to launch in the very near future)
- Develop a peer run program for co-occurring disorders that includes the curriculum, peer training and recruitment strategy
- Implement a screening and assessment process related to SUDs use as part of the intake process
- Change documentation (e.g., intake inquiries related to substance use)

integration.samhsa.gov

Information Dissemination Focus

All efforts to communicate for buy-in and raise awareness of the importance of addressing SUDs among clients

Examples:

- Develop an awareness building educational presentation designed to increase staff recognition of the importance of SUD
- Design the impact of topic specific information to at least one constituency in the organization (e.g., direct service providers, leadership and/or community entities)
- Deliver, present and evaluate the impact of an awareness building presentation to at least one audience and gather feedback before the end of the cross site TA (or have the program ready to go and a date to deliver to a specific audience)
- Create informational brochures, flyers, posters and handouts designed to build awareness, market and motivate clients and staff to address topic specific issues.

integration.samhsa.gov

Information Dissemination Focus

- Design, present and evaluate the impact of topic related information to specific members of the workforce, leadership and/or community entities.
- The focus is on building awareness, communicating for buy-in and activating others in or outside the organization to support the improvement effort.

Examples:

- Creating an in-service training for all staff that provides a basic understanding of the importance of addressing substance use
- Create and deliver in-service training for specific practitioners who are in a position to act on the information (e.g., including clinical staff, psychiatry, primary care providers etc.)
- Create an informational page on a website

integration.samhsa.gov

Data Collection Focus

- Select, gather and organize data related to the topic area that provides critical information regarding the population served along with how that information informed improvement goals.
- The purpose is to better understand the population you serve in order to make informed decisions about service needs and outcomes.

Examples:

Survey of clients to identify SUD related information:

- Number of clients with a SUD
- Number of clients being treated for SUD
- Type of SUD treatment services being offered (group therapy, CBT, MAT, etc..)
- Gender, age, clinical condition, ethnic, racial variations of those with a SUD (especially those that may reveal a disparity in access and/or quality)

integration.samhsa.gov

Policy and Procedure Change Focus

Newly established policies and procedures based on knowledge gained

Examples:

Formation of a team designed to

- Examine current SUD related policies with the aim of updating, improving and/or evaluating adherence to current policies
- Establish new policies related to SUD use among clients
 - Overall organizational policy on SUD treatment
 - Policies regarding assessment, service planning, treatment and evaluation of efforts to address substance use among clients
 - Implementation of a new EBP related to SUD
 - Policies related to hiring, training and performance expectations among staff related to SUD

integration.samhsa.gov

Questions

